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October 1, 2004

GROUP: 1636

FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: RTS-0350

SERIAL NO.: 10/017,621

FILED: December 7, 2001

CUSTOMER NO.: 32862

CONFIRMATION NO.: 6422

NUMBER OF PAGES: 14
(including this sheet)

MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate) and
Amendment in response to Office Action dated July 1, 2004.

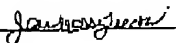
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. RTS-0350	
Applicant(s): Freier and Roach						
Application No. 10/017,621	Filing Date December 7, 2001	Examiner James Schultz	Customer No. 32862	Group Art Unit 1636	Confirmation No. 6422	
Invention: Antisense Modulation of PCTAIRE Protein Kinase 1 Expression						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div>						
<div style="display: flex; align-items: center;"><div style="flex: 1;"> _____ Signature</div><div style="flex: 1; text-align: right;">Dated: October 1, 2004</div></div>						
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: RTS-0350
Inventors: Freier and Roach
Serial No.: 10/017,621
Filing Date: December 7, 2001
Customer No.: 32862
Examiner: James Schultz
Confirmation No.: 6422
Group Art Unit: 1636
Title: Antisense Modulation of PCTAIRE Protein Kinase 1 Expression

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On October 1, 2004

Jane Massey Licata
Jane Massey Licata Registration No. 32,257

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Reply Under 37 C.F.R. 1.111

This is a reply to the Office Action mailed July 1, 2004 setting a three (3) month statutory period for response. Please enter the following amendments and remarks into the record.

The **Amendments to the Claims** are reflected in the listing of claims which begins at page 2.

Remarks begin on page 6.

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